

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534660

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4	1						
5	1						
6		1					
7		1					
8		1					
9		1					
10	1						
11		1					
12		7					
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TOTAL IND.	6		↓		↓		↓
TOTAL DEP.	19	←		←		←	
TOTAL CLAIMS	25	████████	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.			↓			↓	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS		████████	████████	████████	████████	████████	████████